

PATENT APPLICATION FEE DETERMINATION RECORD						Application or Docket Number 66329/14869	
6/8/06 CLAIMS AS FILED - PART I							
		(Column 1)		(Column 2)			
FOR	NUMBER FILED	NUMBER EXTRA				RATE	FEE
						\$ _____	OR
BASIC FEE <small>(37 CFR 1.16(a))</small>						\$ _____	OR
TOTAL CLAIMS <small>(37 CFR 1.16(c))</small>		32	minus 20 =	*	12	x \$ 50 =	OR
INDEPENDENT CLAIMS <small>(37 CFR 1.16(b))</small>		4	minus 3 =	*	1	x \$ 200 =	OR
MULTIPLE DEPENDENT CLAIM PRESENT <small>(37 CFR 1.16(d))</small>						+ _____ =	OR
						TOTAL	OR
						\$800.00	
* If the difference in column 1 is less than zero, enter "0" in column 2							
7/26/06 CLAIMS AS AMENDED - PART II							
		(Column 1)		(Column 2)		(Column 3)	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
	Total <small>(37 CFR 1.16(a))</small>	* 32	Minus	** 32	= 0	x \$ _____ =	OR
	Independent <small>(37 CFR 1.16(b))</small>	* 4	Minus	*** 4	= 0	x _____ =	OR
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <small>(37 CFR 1.16(d))</small>					+ _____ =	OR
						TOTAL	OR
						ADDITIONAL FEE	OR
						\$0.00	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
	Total <small>(37 CFR 1.16(a))</small>	* _____	Minus	** 32	= 0	x \$ _____ =	OR
	Independent <small>(37 CFR 1.16(b))</small>	* _____	Minus	*** 4	= 0	x _____ =	OR
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <small>(37 CFR 1.16(d))</small>					+ _____ =	OR
						TOTAL	OR
						ADDITIONAL FEE	OR
						\$0.00	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
	Total <small>(37 CFR 1.16(a))</small>	* _____	Minus	** 32	= 0	x \$ _____ =	OR
	Independent <small>(37 CFR 1.16(b))</small>	* _____	Minus	*** 4	= 0	x _____ =	OR
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <small>(37 CFR 1.16(d))</small>					+ _____ =	OR
						TOTAL	OR
						ADDITIONAL FEE	OR
						\$0.00	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.
 Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.